										Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003										155974507					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			2	·				RATE FEE		FEE	7	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.00		385.00	OR		770.00		
TOTAL CHARGEABLE CLAIMS			Q () minus 20=		•		·	XS 9=		-	1	Yes			
INDEPENDENT CLAIMS			9 "					X43=			OR		·		
MULTIPLE DEPENDENT CLAIM PI			RESENT					A43E			OR	X86≎			
• #	the difference	e in column 1 is	less than zero, enter "0" in column 2						+145=			OR	+290=		
								TOTAL	·L	<u> 285</u>	OR	TOTAL			
	CLAIMS AS AMENDED - PART II  (Column 2) (Column 3)								SMALI	L EN	ппү	OR	OTHER SMALL		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	BER	PR	ESENT XTRA	•	RATE	Jπ	ADDI- ONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.28	Minus	- 7	0	a	8		X\$ 9=	12	.00	OR	X\$18=		
	Independent	· 2	Minus		1	•			X43=	T		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=	1			+290=		
								· L	TOTAL	+		OR OR	TOYAL		
		(Column 1)		(Colum	no 21	(C~	umn 3)	A	DDIT. FEE	L		UR,	ADDIT. FEE		
AMENDMENT B	62-05	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOUS PAID F	ST ER USLY	PR	ESENT CTRA		RATE	TI	DDI- ONAL		RATE	ADDI- TIONAL FEE	
	Total	. 40	Minus	- 6	78	-	12		X\$ 9=			OR	X\$18=		
	Independent	. 8	Minus	***	3	-			X43=	T		OR	X86=		
ш	ring i Priese	NTATION OF MU	LITTLE DE	ENUENT	CLAIR	-	ш	Γ	+145=			OR	+290=		
		•						<u>ا</u>	TOTAL			OR ,	TOTAL LODIT. FEE	-	
		(Column 1)		(Colum	n 2)	(Coh	umn 3)	~				•	WOII. FEEL		
MEN	•	Claims Remaining After Amendment	·	HIGHE MUMBI PREVIOL PAID FI	ST ER JSLY	PRE	SENT TRA	ſ	RATÉ	TIC	DDI- DNAL EE	ſ	RATE	ADDI- TIONAL FEE	
	Total	•	Minus	-4	0	-		F	X\$ 9=	Г		OR	X\$18=		
	Independent	•	Minus	***	9	•		$\vdash$	X43=	$\vdash$	$\neg$	.	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-		-		OR			
* If the entry in column 1 is less than the entry in column 2, write "O' in column 3.												DR	+290a		
H	the "Highest Nurs the "Highest Nurs	nber Previously Pei nber Previously Pei ber Previously Peid	d For IN THE d For IN THE	S SPACE is I	ess than	20, en	nter "20." ter "3."	_	TOTAL DIT. FEE	o copr	<del></del>		TOTAL DOIT, FEEL mm 1.		